

**CALIFORNIA PUBLIC UTILITIES COMMISSION**  
**REQUEST FOR VOLUNTARY SUSPENSION**  
**OF CHARTER-PARTY AUTHORITIES**

RETURN COMPLETED FORM TO:  
California Public Utilities Commission  
License Section  
505 Van Ness Avenue  
San Francisco, CA 94102

**TCP NUMBER:** \_\_\_\_\_

**CARRIER NAME:** \_\_\_\_\_  
The individual, corporation, LLC, LP, partnership, or other LEGAL ENTITY to which CPUC authority was issued. DO NOT show any fictitious business name (DBA) in this space.

**THE UNDERSIGNED REQUESTS THE SUSPENSION OF THE OPERATING AUTHORITIES CHECKED BELOW:**

- |  |   |
|--|---|
| <input type="checkbox"/> CHARTER PARTY CLASS "A" CERTIFICATE | <input type="checkbox"/> CHARTER PARTY CLASS "P" PERMIT |
| <input type="checkbox"/> CHARTER PARTY CLASS "B" CERTIFICATE | <input type="checkbox"/> CHARTER PARTY CLASS "S" PERMIT |
| <input type="checkbox"/> CHARTER PARTY CLASS "C" CERTIFICATE | <input type="checkbox"/> CHARTER PARTY CLASS "Z" PERMIT |

**If you have more than one operating authority, please check EVERY operating authority you want suspended.**

**IMPORTANT INFORMATION ABOUT VOLUNTARY SUSPENSION**

The operating authorities will be suspended from the date of receipt of this request through the expiration date of authority, or until you request reinstatement, as detailed below.

During the period of suspension, it is unlawful to conduct any for-hire operations requiring operating authority. **The carrier must continue to file quarterly/annual PUCTRA reports and to remit the minimum quarterly/annual fees**, and respond to Commission information requests. A Change of Information Form (available at [www.cpuc.ca.gov](http://www.cpuc.ca.gov)) should be filed with the Commission if your address is changed while in voluntary suspension. Any suspended authority may be reinstated at any time prior to the expiration of the suspension period, provided that you:

1. File a written request for reinstatement (TL528) and equipment list (PL664);
2. File the required evidence of liability insurance coverage;
3. Are not delinquent in the payment of quarterly/annual fees.

The person signing below must be the individual permit/certificate holder, or an officer, managing member, or partner of the legal entity to which the authority was issued.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)